RCGP Leadership
Strategy 2017
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Why does the RCGP need a Leadership strategy?

The NHS is changing. The need to improve leadership skills in clinicians, including GPs, has become intense, with different organisations involved in setting up training programmes across the four Nations. A more coherent and clear policy is required. Our definition of ‘Leadership’ in a general practice context is summarised in Appendix 1 below, together with its application to different types of GP leadership.

The RCGP’s Royal Charter upholds the standards and education for British General Practice. Leadership and Management are already included in the MRCGP Curriculum and it is a natural development to advocate a Strategy for Leadership in General Practice that covers all Four Nations.
THE LEADERSHIP STRATEGY

Desired outcomes from the Strategy

● A clear purpose for Leadership in General Practice, that includes the following abilities:
  ○ To inspire, develop and support their multi-professional teams, taking account of variations in professions’ working ethics and line management structures.
  ○ Mentor the next generation of GPs.
  ○ Co-mentor and support colleagues in leadership roles
  ○ Develop and support GPs leading improvements and building capacity across the health and social care system to improve the patient experience.

● A curriculum for Leadership and Management that extends from undergraduate medical training through postgraduate training to the career general practitioner. It should result in skilled GP leaders who can lead the profession in a variety of situations either locally or nationally that develops and implements effective sustainable change that improves the quality of care.

● An effective collaboration with other organisations involved in leadership development and training, such as the Faculty of Medical Leadership and Management (FMLM), the NHS Leadership Academy, the Kings Fund, NHS Education for Scotland, Health Education England (HEE), and other organisations in the other devolved countries to:
  ○ Work with these organisations, to develop a range of accessible Leadership Training tools suitable for, and aligned to, all sections of the Curriculum journey.
  ○ Develop a communication strategy that enables the RCGP to work with other significant national organisations (including GPC, Academy of Medical Royal Colleges, GMC, HEE, Department of Health, NHS Education for Scotland) to ensure medical leadership is the highest quality and drives development and improvement in the NHS for the benefit of patients and staff.

● An alignment with the RCGP proposal for a Leadership Training Programme
How the Strategy will be implemented
Over a 5-year period the following will be developed:

**Influencing**

- **By creating a steering group**, which includes AiTs and First 5 representation, and national stakeholders in Leadership and Management (e.g. FMLM, NHS Leadership Academy, Kings Fund, HEE and others).

- **Use College influence**, with other stakeholders, in particular:
  - The FMLM
  - National health education institutions (HEE, Higher Education Institutions for MBAs in Leadership and Management in Healthcare) to ensure that there is a coherent and standardised approach to leadership and management development, which is available across the UK.
  - Delivery arms of the NHS (e.g. NHS England, NHS Leadership Academy) to support effective primary care focussed leadership and development for those operating at scale.
  - Other institutions such as the Kings Fund, Nuffield Trust, Health Foundation.
  - Lobbying the NHS and HEE organisations to promote Academic Clinical Fellowships and post-CCT Fellowships with a Leadership and Management focus, to allow young doctors to develop an interest and expertise in management from early in their careers.
  - Facilitate and support the development of a single point of knowledge management and signposting of Leadership and Management issues unique to general practice.

- **Change the culture and perception** of Leadership and Management at practice level for GPs. In addition, support the development of Leadership and Management in the practice team – especially Practice Managers, Practice Nurses and Practice Pharmacists.

**Training & Education**

- **Identify, define and publish the role** Leadership plays in General Practice, with examples of good practice at all levels of service delivery.

- **Develop a coherent longitudinal curriculum** for leadership knowledge, skills, understanding and attitudes, that starts with generic leadership and management skills in the undergraduate years, PG training preparation for practice, and develops into a GP-focused leadership programme in postgraduate training and for GPs wishing to develop skills for ‘at scale’ or national projects.

  - Working in partnership with FMLM the curriculum should:
    - Seamlessly incorporate the MRCGP Curriculum section on Leadership and Management
    - Link with national NHS frameworks for action on improvement and leadership development, particularly in compassionate and inclusive leadership (Developing People-Improving Care).
 RCGRP Leadership Strategy 2017

- Be made available for Medical Schools, Foundation Schools and GP postgraduate training schemes; and available for post-CCT CPD and training for leadership in ‘at scale’ organisations at a national level.

- **Scope existing training resources** and make this available to members on our website.

- **Scope leadership and management training needs of our members**

- **Develop RCGP-badged Training Tools** in Leadership and Management Skills for GPs at all stages of leadership development (and bid for funding to do this comprehensively).

- **Develop a mentoring scheme** for aspiring GP Leaders, based on experienced GPs with track record of successful leadership.

**Supporting**

- Ensure that the leadership, management and business skills aspects of the MRCGP curriculum are delivered effectively alongside the clinical focus in the first part of training and so that the new skills add value to the practice within which they are working (e.g. taking minutes of management meetings and ensuring that simple tasks are undertaken). Provide opportunities for trainees to shadow leaders in Primary Care, and to learn strategic management and planning skills.

- Support the delivery of training programmes to enable all GPs at the start of their careers to fully understand what a partnership involves, especially in terms of rights and responsibilities and the business and financial skill requirements, so that they can make an informed decision whether to apply or not depending on their career aspirations and personal circumstances.

- Increasing visibility of Leadership skills in annual GP appraisal systems.
  - Develop supporting material and guidance on Learning and Management development in local CPD programmes.
  - Develop personal development templates for GPs regarding Leadership and Management Skills that can be used in their NHS appraisals.

- Set up and support better communication for our cohorts of leaders to build and strengthen their effective leadership networks at whatever stage they are at (e.g. NHS Collaborate Group (Mike Holmes) for GP NHS Leaders, WhatsApp group for medical student leaders, RCGP Scotland projects on collaborative leadership)

- Support GPs in executive positions at practice level with the running and management of their practices (work smarter not harder)

- Support the development of a mentoring scheme for aspiring GP Leaders, helping others to realise their leadership potential. This could perhaps use professionals who have experience of leadership development training programmes providing mentoring to those who are starting out on leadership development.
What resources are available?
This needs to be properly scoped, but essentially it is the resource needed to hold meetings, and administer the strategy, including the development of the Leadership curriculum with the external partners named in this document. We will be bidding for funding to develop Leadership Training Toolkit components.

How will we know if we have been successful?

Early indicators (first 12 months)
- Paper approved by Leadership, Executive Management Team and Council
- Set up Leadership Committee, ToR and membership
- Develop bid for Leadership Training programme, together with partners
- Results of scoping exercise for current Leadership and Management Courses available to members
- Membership needs assessment completed.
- Set up of virtual leadership networking group/support NHS Collaborate Group

Mid-term indicators (12 – 36 months)
- Development of the Longitudinal Curriculum described above
- Successful in funding bid for Training programme
- Development and promotion of training tool kit, as per the bid content

Long-term indicators (5 years)
- Numbers of GPs taking up training programmes from the Training tool kit
- Membership surveys indicate Leadership Training is having an effect

How and when will we review this plan?
Annual Report to Leadership and EMT Team.

Professor Kamila Hawthorne
June 2017
Appendix 1

What do we mean by ‘Leadership’ in a general practice context?

- How do we define ‘leadership’ in this strategy document?

An effective leader is a person who does the following:

1. Creates and communicates an inspiring vision of the future, together with an explanation why that future is needed, and is needed now.

2. Motivates and inspires people to engage with that vision.

3. Chooses the right people for different roles, gets them engaged, and keeps the momentum going so that the vision is delivered.

4. Coaches and builds a team, so that it is more effective at achieving the vision.

5. Uses critical thinking skills to determine strategy and follow through of vision

Leadership brings together the three key skillsets needed to do these things – Vision, Human Relations and Operations. It is different from ‘management’, which concentrates on the delivery of the vision/ targets and ensures that timelines are met, risks are identified and mitigated, and resources appropriately allocated. Very few people can cover all these skills, and one of the roles of leadership is to identify gaps in the skillset and find people suitable to fill those gaps.

How does this apply to general practice?

New models of care have been emerging over the last 10 years, requiring new skills from clinicians who find themselves in leadership roles. Radical innovation with entrepreneurial leadership in primary care in particular has immense potential to improve value for patients. New primary care structures provide an opportunity to develop leaders with the skills to influence and change system thinking beyond the constraints of organisational boundaries. But this is an unprecedented leadership challenge. The interest in developing leadership skills in clinicians, particularly for GPs, has become very intense, with a number of separate organisations all involved in setting up training of various sorts across the four Nations. The picture is confused, and there is not enough connection between them for a coherent or clear policy approach.

The RCGP, as part of its Royal Charter, upholds standards and education for British General Practice, and is therefore the natural leader to develop and promote a Leadership Strategy for General Practice that covers all Four Nations. It is already leading the way because Leadership and Management are already grounded in the MRCGP Curriculum and this makes an excellent base from which to build.

Leadership skills are key to all aspects of general practice.

1. General Practices need high quality leadership at all levels of primary medical care delivery. Good general practice is critical to the survival of an effective NHS. We know from our experience of providing support to practices found by CQC to be in ‘special measures’, that most often clinical governance and strategic leadership of the practice are the missing ingredients needed to make the system work well.
General practice training often provides minimal experience in leadership and management skills. This lack of long-term investment in leadership and management development for GPs leads to some practices having difficulty in finding effective responses to changes in the ways we work. Excessive workloads and bureaucracy results in high stress levels, early retirement and increasing difficulty in recruiting and retaining GPs.

2. Complex leadership roles in Commissioning Groups, STPs, Cluster Groups, Federations and other ‘at scale’ general practice organisations need GPs with high quality leadership skills. The additional leadership and organisational skills, include budgetary knowledge, and understanding of how teams work collaboratively. Clinicians are rarely trained in the major change management skills, and the boundaries between clinical and management roles. Some GPs rise to the challenges brilliantly, others struggle and burn out. It is now recognised by a number of national bodies (DoH, HEE, NHS) that specific training in leadership at this level is lacking. The NHS has identified leadership training for clinicians who are being put into front-line decision-making roles as a strategic priority.

3. The profession needs leaders with vision, who will be able to uphold the values and standards of the profession in the public eye and in political arenas. The NHS is constantly changing and reorganising itself to keep up with its duty of care to patients, developments in healthcare technology and delivery, and its ever-present financial problems. In a time of constant threat to the NHS, general practice needs leaders who can assimilate the political and public landscape quickly, and deliver sensible, forward thinking leadership that will keep the profession viable and enable its members to feel the profession is in safe hands. This type of leadership requires training and support of a different kind to the previous two items above.

What types of leaders should we be interested in building?

- GPs able to run their practices and practice team with strategic vision, efficiency and resilience. They should have the tools to manage the business, the staff and the service. They should be able to deliver high quality care to patients while also achieving their own job satisfaction and professional development.

- Effective GP leaders working in ‘at scale’ organisations. Able to understand systems, budgets and services and to assimilate information from a wide variety of sources, using it to develop their vision and strategy for the effective running of the organisation for the benefit of patients.

- GPs who will lead the profession. Again, able to see the ‘whole picture’, but this time the strategic political and professional view, to negotiate with politicians and civil servants and serve the profession.

- Younger GPs with potential and motivation to become leaders of the future. We need to be able to identify the next generations of GP leaders who will become our opinion leaders and visionaries of the coming decades. They will need mentoring, training and support, with opportunities for increasing experience as their careers progress so that they can become the leaders of tomorrow.
The Royal College of General Practitioners is a network of over 52,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.